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**Memorandum**

**TO:** Long-Term Care Facilities

**FROM:** Elizabeth Daake Kelley, MPH, MBA, Director  
Bureau of Health Care Safety and Quality

**SUBJECT:** Update to Caring for Long-Term Care Residents during the COVID-19  
Emergency

**DATE:** April 29, 2020

The Massachusetts Department of Public Health (DPH) recognizes that providing care for individuals seeking treatment for Coronavirus Disease 2019 (COVID-19) may prove to be especially challenging for health care practitioners and facilities. As part of ongoing statewide preparations and to address the increase in COVID-19 cases, DPH is issuing this memorandum to long-term care facilities with updated recommendations for admitting residents and caring for residents with presumed or confirmed COVID-19 to help mitigate the spread of COVID-19.

All rest homes and nursing homes must be prepared to care for COVID-19 positive residents. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms. Symptoms may be mild and not require transfer to a hospital. All facilities are expected to follow the infection prevention and control practices recommended by DPH and CDC.

The following recommendations are consistent with CMS guidance released on April 2, 2020, which can be found here: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

**Screening of All Individuals**

Long-term care facilities should be screening all individuals entering the facility, including staff, for symptoms on a daily basis. In accordance with previously issued guidance, every individual regardless of reason for entering a long-term care facility should be asked about COVID-19

symptoms and must also have their temperature checked. Residents should be asked about COVID-19 symptoms and must have their temperatures checked a minimum of two times per day. An exception to this is Emergency Medical Service (EMS) personnel responding to an urgent medical need.

### **Use of Personal Protective Equipment (PPE)**

Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with residents, to the extent PPE is available and in alignment with DPH and CDC guidance on conservation of PPE. For the duration of the declared state of emergency, all long-term care facility personnel should wear a facemask while they are in the facility.

Full PPE, including facemask, eye protection, gloves and gown, should be worn per DPH and CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If any residents have confirmed COVID-19 transmission which occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.

When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. They could also use cloth, non-medical masks when those are available. The use of medical facemasks is restricted to COVID-19-positive or assumed to be COVID-19-positive.

### **Staffing**

DPH requires long-term care facilities to implement the following staffing recommendations to mitigate the risk of transmission within facilities.

- Ensure all staff can recognize the signs and symptoms of COVID-19 and that a procedure is in place for alerting the nurse responsible for the resident's care.
- Create separate staffing teams that are dedicated for residents that are COVID-19-positive.
- Exercise consistent assignments of staff to residents regardless of symptoms or COVID-19 status. This practice can help with detection of emerging condition changes.
- As much as possible, staff should not work across units or floors.
- Minimize the number of staff caring for each resident.
- Limit staff's onsite work to only one facility, whenever possible.

### **Separation of COVID-19 Positive Residents**

Long-term care facilities must separate residents who are positive for COVID-19 from residents who do not have COVID-19 or who have an unknown COVID-19 status. Whenever possible, long-term care facilities must establish a separate, dedicated wing or unit within the facility to care for COVID-19 positive residents. COVID-19-positive units must be capable of maintaining strict infection control practices and testing protocols. When possible, facilities must have separate staffing teams for COVID-19-positive and COVID-19-negative residents

When possible, a long-term care facility should establish designated quarantine space within the facility to care for residents who tested positive for COVID-19, were placed in the COVID-19 dedicated space for fourteen days and are no longer exhibiting any symptoms of COVID-19. Staff are no longer required to use full PPE when caring for such residents.

### **Updated Admissions**

When a long-term care facility resident is transferred from a long-term care facility to a hospital for evaluation of any condition, including but not limited to, COVID-19 care, each long-term care facility must accept the resident's return to the facility when the resident no longer requires hospital level of care.

Long-term care facilities shall not condition admission on COVID-19 testing or test results. Individuals discharged to a long-term care facility from a hospital should be tested for COVID-19 at the hospital, if a test is available. If a test is not performed before hospital discharge, the long-term care facility should test the resident upon admission, if a test is available.

Awaiting the test results should not delay an individual's discharge from the hospital to the long-term care facility. While awaiting the test results, the long-term care facility should quarantine the resident, treating him or her as a presumptive positive COVID-19 case. If the test result is negative, the resident must remain in a quarantined space, if available for a fourteen day period after admission to the long-term care facility. If the test result is positive the resident should be moved to dedicated COVID-19 space.

### **COVID-19 Nursing Homes**

Whenever possible, hospitalized patients who are confirmed to be infected with COVID-19 and require skilled nursing level of care should be admitted to a designated COVID-19 nursing home or a facility with a designated COVID-19 isolation wing or unit.

DPH continues to work with state, federal and local partners on the outbreak of novel Coronavirus 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

DPH strongly encourages all nursing homes in Massachusetts to monitor the Centers for Medicare & Medicaid Services (CMS) website and the Centers for Disease Control and Prevention (CDC) website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.